



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2748 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

OTSG/MEDCOM Policy Memo 12-076

02 OCT 2012

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Expires 2 October 2014

MEMORANDUM FOR COMMANDERS, MEDCOM REGIONAL MEDICAL
COMMANDS

SUBJECT: Policy for Cosmetic Surgery Procedures and Tattoo/Brand Removal/
Alteration in the Military Health System (MHS)

1. References:

- a. Memorandum, ASD (HA), HA Policy 05-020, 25 Oct 05, subject: Policy for Cosmetic Surgery Procedures in the MHS.
- b. Title 32 Code of Federal Regulations, Section 199.4.
- c. TRICARE Policy Manual 6010.57-M, February 1 2008; Surgery, Section 1.2. Update issues 28 Feb 12: Unfortunate Sequelae From Non-covered Services in a Military Treatment Facility (MTF).
- d. Army Regulation (AR) 670-1, Wear and Appearance of Army Uniforms and Insignia, 3 Feb 05.

2. Purpose: To provide guidance for performing cosmetic surgery procedures and tattoo/brand removal/alteration in Army MTFs.

3. Proponent: The proponent for this implementation guidance is Clinical Services Division, MEDCOM G-3/5/7.

4. Responsibilities:

- a. All clinical specialties performing cosmetic and reconstructive surgical procedures will comply with this policy.
- b. The Surgeon General (TSG) and MTF Commanders are responsible for ensuring this policy is implemented and for regular monitoring and evaluation of compliance and effectiveness. The Army has primary responsibility for auditing its MTFs for adherence to this policy, including audits of procedure fee collection.
- c. TRICARE Management Activity (TMA), as part of its ongoing audit program, will periodically request information from RMCs and MTFs regarding their Cosmetic

* This policy memo supersedes OTSG/MEDCOM Policy Memo 10-038, 2 Jun 10, subject as above, and OTSG/MEDCOM Policy Memo 12-044, 30 Apr 12, subject Policy and Instruction for Tattoo/Brand Removal/Alteration.

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Surgery Programs. The information requested may include details of surgical fees collected as part of the cosmetic surgery program. TMA may request data from Army MEDCOM or directly use information found in the M2-bridge.

d. Army MTF staff members will provide Soldiers medical advice concerning tattoo/brand removal or alterations as required by AR 670-1.

5. Policy:

a. Definitions:

(1) American Society of Plastic Surgeons http://www.plasticsurgery.org/public_education/procedures/index.cfm.

(2) **Cosmetic Surgery:** Any elective plastic surgery or laser procedure performed to reshape normal structures of the body in order to improve the patient's appearance for self-esteem.

(3) **Reconstructive Surgery:** Any plastic surgery performed on abnormal structures of the body which are caused by congenital defects, developmental abnormalities, trauma, infections, tumors or disease. Reconstructive surgery is generally performed to improve function, but may also be done to approximate a normal appearance.

b. The Army has requirements and manpower authorizations for plastic surgeons and other surgical specialists who perform reconstructive procedures. It is critical that the Army maintain the capability to recruit and retain these uniformed specialists to assure our beneficiaries receive the highest quality care. As the skills used in performing cosmetic surgery procedures are analogous to those employed to achieve optimal results in reconstructive surgery, these surgeons have a valid need to perform cosmetic surgery cases to maintain their specialty surgical skillset. Additionally, performance of cosmetic surgery procedures in the direct care system is warranted because specialists in plastic surgery, dermatology, otorhinolaryngology, ophthalmology, and oral-maxillofacial surgery must meet board certification, recertification, and graduate medical education program requirements for specialties with skills in cosmetic surgery.

c. Cosmetic surgery procedures are not a covered benefit under TRICARE; Title 32 CFR, 199.4(e)(8)(i).

d. Availability of cosmetic surgery at Army MTFs is not guaranteed and is dependent upon the educational and clinical skills maintenance needs of the Army, availability of surgeons privileged to perform such surgeries, and availability of operating room time.

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e. Each MTF Commander, based upon skills maintenance needs and training program needs, must determine the MTF's ability to provide cosmetic surgery procedures equitably to beneficiary populations. Guidelines for cosmetic and reconstructive surgeries in the Army MTFs are as follows:

(1) Cosmetic surgery procedures may be performed on a "space-available" basis only. Cosmetic surgery cases shall not be performed if they would cause other medically necessary and/or reconstructive surgery cases to be cancelled, rescheduled, or sent to the managed care contractor support network.

(2) Cosmetic surgery procedures may not exceed 20% of any privileged provider's case load.

(3) In general, only privileged staff and residents/fellows in the specialties of plastic surgery, dermatology, otorhinolaryngology, ophthalmology, and oral-maxillofacial surgery may perform cosmetic surgery procedures. This restriction excludes the excision or destruction of minor benign dermatologic lesions, which may be performed by qualified and privileged providers in any specialty. Civil service providers in these specialties may perform cosmetic surgery procedures only if the providers are employed full-time by the MTF with no other opportunity to maintain their skills in cosmetic surgery. The TSG has waiver authority for these restrictions.

(a) TSG delegates to MTF Commanders the authority to review requests for waivers as listed above and to approve/disapprove those requests.

(b) Waivers are not automatic. Full-time physicians certified in specialties not cited in para 5.d(3), who request privileges to perform cosmetic surgery procedures must apply for a waiver. The MTF credentials office will review the waiver request and recommend approval/disapproval; the MTF Commander is the final approval authority. The MTF Commander's denial of a waiver is neither a denial of clinical privileges nor an adverse clinical privileging action.

(4) Providers contracted to perform medically necessary surgery will not perform cosmetic surgery procedures. Providers contracted as Graduate Medical Education staff are exempt from this provision; however, waivers may be required as per para 5.d(3)(b).

(5) Cosmetic surgery procedures will be restricted to Title 10 USC/TRICARE-eligible beneficiaries (including TRICARE for Life beneficiaries) who will not lose Title 10 USC/TRICARE eligibility for at least six months.

(6) Cosmetic surgery procedures can impact unit readiness. Therefore, unit commanders must approve all cosmetic surgical procedures for Active Duty personnel undergoing cosmetic surgery procedures at an MTF. The approval must include Soldiers' expected separation dates.

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(7) Soldiers undergoing cosmetic procedures will be afforded convalescent leave and will not be required to use regular leave for their post-operative recovery.

(8) MTF Commanders will ensure equitability in patient selection for cosmetic surgery, particularly with regard to the sponsor's rank/grade.

(9) Cosmetic procedures will be considered only for those individuals who, in the judgment of the surgeon, are good candidates medically and have a reasonable understanding of the risks, benefits, and results of the planned procedure.

(10) All patients, including Active Duty personnel, undergoing cosmetic surgery procedures (regardless of whether the procedures are performed in a clinic, an exam room, an office, or an operating room) must pay the surgical fee, plus any applicable institutional and anesthesia fee, for the procedures in accordance with the fee schedule published annually by the Office of the Secretary of Defense Comptroller. These charges, estimated by the MTF, must be paid in advance. The initial amount billed usually will not constitute payment in full since there may be additional charges for services such as laboratory, radiology, and pharmacy, or unforeseen necessary surgical procedures. These additional charges must be paid within 30 calendar days of presentation of the final bill. Additionally, patients must reimburse the MTF for any cosmetic implants.

(11) Patients who undergo cosmetic surgery procedures in an MTF must be permitted to obtain necessary post-operative care within the MTF unless the care required exceeds MTF capabilities. Patients will not be charged for follow-up care at the MTF including any care provided for complications of cosmetic surgery procedures. All cosmetic surgery patients must be informed prior to surgery that the availability of long-term follow-up care, including revision surgery, is not guaranteed in the direct care system. A recent change to the TRICARE benefit, found in Reference 1.c., now entitles TRICARE beneficiaries to coverage for treatment of Unfortunate Sequelae From Non-covered Services in an MTF, so long as the non-covered treatment received in the MTF was approved by the MTF Commander or within MEDCOM Policy. Patients undergoing cosmetic surgery no longer need to sign a Letter of Acknowledgment (MEDCOM Form 772-R).

(12) Procedures deemed medically necessary by the surgeon should have the clinical rationale for medical necessity well documented in the medical record. When patients undergo surgery, a portion of which is reconstructive and another portion is cosmetic, the provider must clearly articulate in the medical record which portion is reconstructive and which is cosmetic so that the billing office can properly calculate the charges for the patient.

(13) Refractive eye surgery is not considered a cosmetic procedure.

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(14) Tattoo/Brand Removal and Alteration.

(a) Command directed removal or modification of a Soldier's tattoos/brands that cause the Soldier to not meet the standards of AR 670-1, paragraph 1-8e is not considered cosmetic surgery when performed at an MTF. However, tattoo/brand removal or modification performed solely for Soldiers' personal reasons (not command directed) is considered cosmetic surgery, for which Soldiers will be appropriately charged. Providers must clearly articulate in the medical record whether or not the tattoo/brand removal/alteration is command directed to ensure proper billing when it is required.

(b) MTFs are not required to remove or alter tattoos/brands. Each MTF may elect to attempt tattoo/brand removal/alteration at the MTF Commander's discretion. If requested to provide medical advice, documentation must be made in the Soldier's medical record of the known types of treatment for removal/alteration of tattoos/brands, whether the local MTF will or will not provide such services, and alternative sources for treatment if not provided by the local MTF. If tattoo/brand removal/alteration is not provided by the MTF, the Soldier may be referred to another MTF with available removal/alteration services for consultation or by referral to civilian sources at the Soldier's expense.

(c) The Military Health System is the preferred provider for tattoo/brand removal/alteration for Soldiers with tattoos/brands prohibited by AR 670-1.

(d) Provision of tattoo/brand removal and modification will depend upon the availability of equipment and privileged personnel, as well as the length of time the Soldier will be available at the MTF location for tattoo/brand removal or alteration. Not all MTFs engage in removing/altering tattoos and brands. Therefore, reassignment of the Soldier prior to completion of the medical procedures(s) may result in the Soldier having to undergo ongoing treatment at his/her own expense in the civilian sector at the new assignment location or having to travel to an MTF that can provide the necessary services.

(e) Due to difficulty in removing/altering large or multi-pigmented tattoos/brands and the duration of the removal/alteration process, the treating physician may attempt to remove or alter only that portion of the tattoo/brand that is offensive in nature or which is visible while wearing the Class A uniform.

(f) Tattoo/brand removal/alteration will not be performed in Korea, the deployed environment or other areas where Soldiers are stationed for periods of less than one year.

(g) MTF Credentials Committees must complete appropriate provider privileging actions prior to any provider beginning the treatment/removal/alteration of tattoos/brands.

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(15) Botox injections may be a cosmetic procedure (charges accrue), or a therapeutic procedure (no charges accrue). Providers must clearly articulate the rationale for Botox to enable coders to properly code the record and determine whether or not charges are required. Cosmetic Botox injections will be paid in advance of procedure IAW paragraph 5.e(10) above.

f. Inpatient, outpatient and ambulatory plastic surgery procedures will be coded IAW applicable national and DoD coding standards, including current versions of appropriate International Classification of Diseases (ICD-(-CM) and Current Procedural Terminology codes.

(1) The V-codes found in the DoD Coding Guidance should be used to identify cosmetic surgery procedures.

(a) At present, the appropriate ICD-(-CM) codes are in the V50 series, "Elective surgery for purposes other than remedying health status."

(b) Code V50.1, "Other plastic surgery for unacceptable cosmetic appearance," is the proper code unless a more specific code exists in this series.

(c) Code V51, Aftercare involving the use of plastic surgery (excludes cosmetic surgery) may be used to indicate that a procedure is not cosmetic plastic surgery but is aftercare associated with an injury or operation. The use of code V51 is inappropriate for medical conditions that are not associated with an injury or operation.

(2) Procedural coding associated with any reconstructive surgery must be accompanied by applicable diagnosis codes that reflect the defect, developmental abnormality, trauma, infection, tumor, or disease resulting in the need for reconstructive surgery. Additionally, the medical record must clearly indicate the medical necessity for the reconstructive surgery. For cosmetic surgery cases, the medical record must clearly reflect the rationale for the procedure being performed.

g. Compliance measures: MTF and RMC Commanders will monitor compliance with the requirements of the referenced ASD (HA) Cosmetic Surgery Policy. Each MTF/RMC will review the data to monitor compliance quarterly:

(1) The percentage that cosmetic procedures represents in the total caseload of providers performing cosmetic procedures. MTFs will immediately report to the RMC any instances in which cosmetic cases represent greater than 20% of a provider's caseload.

(2) The distribution of cosmetic procedures across beneficiary categories.

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(3) The number and types of post-operative visits provided in conjunction with a cosmetic surgery procedures (by visit/procedure codes).

(4) Financial report of fees collected for cosmetic surgery.

(5) Caseload for each provider privileged to perform cosmetic surgery to ensure adequate skills sustainment.

(6) The percentage that command directed tattoo/brand removal/alteration represents in the total workload for those providers who perform this service.

FOR THE COMMANDER:


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Chief of Staff